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158808/90

CLAIMS AS AMENDED	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total (37 CFR 1.166b)	Minus
Independent (37 CFR 1.166b)	Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	ADDITIONAL FEE

11-18-04

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.166b)	Minus
	Independent (37 CFR 1.166b)	Minus
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	ADDITIONAL FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.166b)	Minus
	Independent (37 CFR 1.166b)	Minus
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	ADDITIONAL FEE

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
	Total (37 CFR 1.166b)	Minus
	Independent (37 CFR 1.166b)	Minus
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	

PAY	ADDITIONAL FEE
9	
44	
150	
TOTAL	ADDITIONAL FEE

RATE	ADDITIONAL FEE
18	
88	
300	
TOTAL	ADDITIONAL FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 1.
 ** If the "Highest Number Previously Paid For" is "IN THIS SPACE"
 *** If the "Highest Number Previously Paid For" is "IN THIS SPACE"
 The "Highest Number Previously Paid For" is "IN THIS SPACE" or "IN THIS SPACE"
 Burden Hour Statement: The total number of hours spent on this application is _____
 Any comments on the amount of time spent on this application: _____
 Office: Washington, DC 20541-2101
 Date: 11-18-04